



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tisue, J. Gilbert
Filed: 04/25/2001
Serial Number: 09/840726, now U.S. 6697683
Title: Accurate positioner suitable for sequential agile
tuning of pulse burst and CW lasers
Examiner: Anil Khatri/Thomas K Pham

November 4, 2004

REQUEST FOR ADDRESS CHANGE

Commissioner of Patent and Trademarks
Washington D.C. 20231

Sir:

The undersigned inventor requests a change in fee and correspondence addresses for the above referenced patent. Since the form for fee address change is not applicable unless I have a customer number, I have attached forms SB/81 and SB/123 which contain the necessary information and signatures.

Respectfully submitted,

J. Gilbert Tisue
Applicant pro se
1329 Santa Cruz Dr.
Minden NV, 89423
775-267-2360

Certificate of Mailing

I hereby certify that that this correspondence will be deposited with the U S Postal Service by 1st class mail, postage prepaid, in an envelop addressed to Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450 on the date below.

Date 11-4-04

Inventors Signature

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number 09/840726
 Filing Date 04/25/2001
 First Named Inventor J. Gilbert Tissue
 Title Accurate Positioner for CW Lasers
 Art Unit
 Examiner Name Anil Khatri/Thomas Pham
 Attorney Docket Number

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	J. Gilbert Tissue		
Address	1329 Santa Cruz Dr.		
City	Minden	State	NV
Country	USA	Zip	89423
Telephone	775-267-2360	Fax	775-267-5760

I am the:



Applicant/Inventor.


 Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record

Signature	Date	11/04/2004
Name	J. Gilbert Tissue	Telephone
Title and Company	775-267-2360	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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**CHANGE OF
CORRESPONDENCE ADDRESS**
Patent

Address to:
Mail Stop Post Issue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Patent Number	6697683
Issue Date	2/24/2004
Application Number	09/840726
Filing Date	4/25/2001
First Named Inventor	J. Gilbert Tisue
Attorney Docket Number	

Please change the Correspondence Address for the above-identified patent to:

☐ The address associated with Customer Number:

OR

☒ **Firm or Individual Name** J. Gilbert Tisue

1329 Santa Cruz Dr.

Address

City Minden

State NV

Zip 89423

Country USA

Telephone 775-267-2360

Fax 775-227-5760

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47).

I am the:

☒ Patentee.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ Attorney or agent of record. Registration Number _____

Signature

Typed or Printed Name J. Gilbert Tisue

Date 11/03/2004

Telephone 775-267-2360

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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Examiner: Anil Khatri/Thomas K Pham

November 4, 2004

REQUEST FOR SMALL ENTITY STATUS

Commissioner of Patent and Trademarks
Washington D.C. 20231

Sir:

The fee area of the referenced patent shows large entity status for this patent. Said patent qualifies for small entity status and the undersigned sole inventor hereby requests same.

Respectfully submitted,

J. Gilbert Tissue
Applicant pro se
1329 Santa Cruz Dr.
Minden NV, 89423
775-267-2360

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